_ N	NISS	OUKI	DI	VIS	ION OF HEA	LTH - STAND	ARD CERTI	FICATE O	F DEATH	Ų	12295	5 3	
DO NOT WRITE	ARTM	ENT O AMENDEI	F PUI	LIC R	District No	Prin	nary Registration Distr	ict No. 423	3#_Registrar's	No. 68.		STATE FILE NU	MBER
ON THIS STUB				ж		164		··.•	·				
VS 300				1.	PLACE OF DEATH	्राप्त . / Iron			a. STATE	IDENCE (Where d	eceased lived. COUNTY	If institution: Iron	Residence before admission)
Rev. 4/59					b. CITY (If outside cor	rporate limits, give TOWNS	SHIP only) Len	th of stay in 1b	c. CITY				Inside Limits
.1	AMENDED		∣ ֈ	•	TOWN Ir	onten		life		ronton			Yes ★ No 🗆
10475					c. FULL NAME OF (If I	NOT in hospital, give locat	tion)	Inside Limits	d. STREET ADDRESS		(If cutside, giv	ve location)	Reside on Farm
20470	DATE				INSTITUTION S	t. Marys Ho	ospital	Ye şa ⊡ No 🗆	Tro	nton, M	<u> </u>		Yes No 💃
3	-		→ .	3.	NAME OF DECEASED	First	Middl	e	Last	4. DATE	Month	n Day	Year
		<u> </u>			(Type or print)	Isabella	<u>M</u>	9	Pryor	OF DEATH		ne 22	
5 2				5.	Female	6. COLOR OR RACE White	7. Married 🔲 1 Widowed 🙀	lever Married Divorced	8. DATE OF BII 12/25/1			F UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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7	의			13a	. FATHER'S NAME		13b, MOTHE	R'S MAIDEN NAM	NE'	14.	NAME OF HU	SBAND OR WIFE	
	Ö				Maricus	H Prvor	Sa	ra Litt]	1		Deces	3	
8 /	S			15		IN U.S. ARMED FORCES?		SECURITY NO.	17. INFORMANI	· · · · · · · · · · · · · · · · · · ·	<u>Decea</u>	dress	
7	₹					yes, give war or dates of :		-		·	-	_	
9332x	ധ				no			2	Steph	anie F	ania	Ironton	L. Mo
	¥		붑	[18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY:	line					İŅ	MO TERVAL BETWEEN NSET AND DEATH
10	ا ا				***************************************	IMMEDIATE CAUSE (a)		1 throm	bozi.	Oalt here	pleys		d'a.
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			10				<i>(</i> 2) <i>(</i> 1)		•	•		2	
12 / 12	쀭		2			ns, if any,) DUE TO (b	arterio	5 cleros	in qu	ud	·	. 2	o years.
12 /. 0	IS RE		8		which ga	3VE 1130 10	arterio	sclers	ei, qu	ud	· 	. 2	o years.
	122				which ga above c stating ti	tause (a),		rsclews	ris, qu	ud	· · · · · · · · · · · · · · · · · · ·	2	o years.
	N THIS RE		8 -		which ga above c stating t lying ca	tause (a), the under- ause last. DUE TO (c	c)			<u>.</u>			
	ON THIS RE			NO	which ga above c stating t lying ca	cause (a), the under- ause last. DUE TO (c	c)			<u>.</u>	PART III.	. If deceased	was female was
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

OR by	, Student Embalmer No
working under my personal supervision.	R. Wayne
Student	Signed . W/ Valley .
Signature of Student Embalmer	3/ 1/
	Licensed Embalmer No.
	P. O. Address Nowon, my
	1. O. Address

11"

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.